



patents # 6228080

851

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/209,323
Filing Date	December 11, 1998
First Named Inventor	Gines
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	2100 CON

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer Number Bar Code Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Charles N. J. Ruggiero	28,468
Paul D. Greeley	31,019
Andrew Vlahos	47,157
Andrew C. Gust	47,620

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number →

Place Customer Number Bar Code Label here

OR

☒ Firm or Individual Name

U.S. Surgical, a division of Tyco Healthcare Group LP

Address 150 Glover Avenue

Address

City Norwalk State CT Zip 06850

Country USA

Telephone (203) 845-4286 Fax (203) 846-5988

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Paul R. Audet

Signature *Paul R. Audet*

Date April 9, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.